

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

105-4-64

REG. DIST. NO. 1012

WASHINGTON STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH 1638

STATE FILE NO. 44638

REGISTRAR'S NO. 44638

1. PLACE OF DEATH
a. COUNTY KING COUNTY
b. CITY, TOWN, OR LOCATION SEATTLE, WN.
c. LENGTH OF STAY IN 1b 7 DAYS
d. NAME OF HOSPITAL OR INSTITUTION SWEDISH HOSPITAL
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE WASH.
b. COUNTY
c. CITY, TOWN, OR LOCATION ENUMCLAW, WASH.
d. STREET ADDRESS 1120 COLE ST.
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☐ f. IS RESIDENCE ON A FARM? Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last ALBERT JAMES ERWIN, SR.
4. DATE OF DEATH Month Day Year AUG. 20 1959

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-17-85 9. AGE (In years last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCER 10b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE
11. BIRTHPLACE (State or foreign country) MINNESOTA 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Vincent Erwin
14. MOTHER'S MAIDEN NAME Louisa Sandberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 532-03-4553A 17. INFORMANT Sarrah E. Erwin, 1120 Cole, St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease
DUE TO (b) Generalized Arterio Sclerosis
DUE TO (c) Benign Prostatic Hypertrophy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE
CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 13 Aug 59 to 20 Aug 59 and last saw her alive on 20 Aug 59.
Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. R. Winters (Degree or title) 22b. ADDRESS Enumclaw Wash. 22c. DATE SIGNED 23 Aug 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 24 Aug 59 23c. NAME OF CEMETERY OR CREMATORY Enumclaw 23d. LOCATION (City, town, or county) (State) Enumclaw King Wash.

24. FUNERAL DIRECTOR C. R. Winters Enumclaw, Wash. 25. DATE REC'D BY LOCAL REG. SEP 23 1959 26. REGISTRAR'S SIGNATURE S. P. Lehman